MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93ED)

03467

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 143 W. Franklin

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 143 W. Franklin

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henrietta Margaret Albert

3. (b) Social Security Number none

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 26 - 1864

8. AGE: Years 75 Months 6 Days 29 If less than one day hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business own Home

FATHER 12. Name Jacob Albert

13. Birthplace Hagerstown, Md

MOTHER 14. Maiden name Mary Powles.

15. Birthplace Hagerstown Md.

16. Informant Miss Cassie Albert

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 27-1940 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown, Md.

18. Funeral director C. M. Suter & Sons.

Address Hagerstown Md.

19. Mar. 26, 1940 (Date rec'd by registrar) Chas. H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/25 1940, at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/5 1940, to 3/25 1940, and that I last saw her alive on 3/25 1940.

Immediate cause of death arterio-sclerotic Cardio vascular disease with myocardial failure

DURATION unknown

Due to

Due to

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Lusby MD M. D. or other

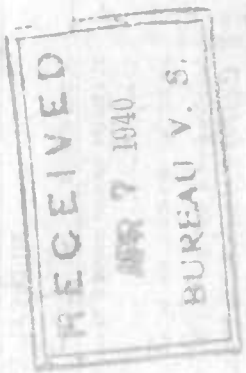
Address 170 W Washington Date signed 3/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. F. F. Lusby



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

03468

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or ~~town~~ Rural near Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

~~Street address, hospital, or institution:~~ Route 1 Hagerstown, md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural near Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

~~Street~~ No. Route 1 Hagerstown, md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John E. Alter

3. (b) Social Security Number none

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Lottie C. Alter

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.): May 6 1890

8. AGE: Years 49 | Months 10 | Days 4 | If less than one day ___ hrs. ___ min.

9. Birthplace: Funkstown, Wash. Co. md. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John E. Alter
13. Birthplace: Funkstown, md.

MOTHER
14. Maiden name: Anna E. Hebb
15. Birthplace: Funkstown, md.

16. Informant: John E. Alter, Jr.

Address: Funkstown, md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 12-1940 (month) (day) (year)

Cemetery or ~~crematory~~: Funkstown

Location: Funkstown, md.

18. Funeral director: C. M. Suter & Sons

Address: Hagerstown, md.

19. Mar. 11, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-10- 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-1-40 19__, to 3-10 1940, and that I last saw ~~him~~ alive on 3-10-40 19__.

	DURATION
Immediate cause of death: Diabetes	20 yr
Due to Bronchial Asthma	10 yr
Due to Bronchopneumonia	2 day
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following;

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 3/11/40

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03469

Reg. Dist. No. 80 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington County
City or town Williamsport Md (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hospital Hill
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. Hospital Hill (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Spanish American War

3. (a) FULL NAME Ernest McClellan Baker

3. (b) Social Security Number 220-10-3510

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White.	Married

6 (b) Name of husband or wife Lula L Baker
6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept 12 1879

8. AGE: Years	Months	Days	If less than one day
60	6	11	hrs. min.

9. Birthplace Near Hagerstown Md. (Town, county, and state)
10. Usual occupation W. P. A Williamsport, Md
11. Industry or business

FATHER
12. Name Oliver Thomas Baker
13. Birthplace Hagerstown

MOTHER
14. Maiden name Sarah A Byrem
15. Birthplace Mt Lena Md

16. Informant Mrs Lula Baker (wife
Address Williamsport Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 27 1940 (month) (day) (year)
Cemetery or crematory Rosehill cemetery
Location Hagerstown Md

18. Funeral director Edith Leaf
Address Williamsport Md

19. March 26 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Coronary Thrombosis	3/23/40
Due to History angina pectoris	1937
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings: No
Of operations
Of autopsy NO

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.
Address Hagerstown, Md. M. D. or other
Date signed 3-5-40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03470

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Midway Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 79 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Midway Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Joseph A. Baker

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife Anna K. Baker

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) June 28 - 1861

8. AGE:

Years	Months	Days	If less than one day
78	8	25	hrs. min.

9. Birthplace Hagerstown Washington - Md.

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Self

FATHER

12. Name Wm L. Baker

13. Birthplace Hagerstown Md

MOTHER

14. Maiden name Miss Barlow

15. Birthplace Hagerstown Md

16. Informant J. Wm Baker

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 26-40 (month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown Md

18. Funeral director Scott F. Minnigerode

Address Hagerstown Md.

19. 3-25-1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ----- 19---, to ----- 19---, and that I last saw him alive on ----- 19---.

Immediate cause of death	DURATION
Coronary Occlusion	3/23/40
Due to Chr. Bronchial asthma	1918
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy NO

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide NO Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other

Address Hagerstown, Md. Date signed 3/25/40

Dr Wells

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-71)

03471

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown (WITHIN INCORPORATED LIMITS OF)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 336 S. Cannon Avenue
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 78 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown (WITHIN INCORPORATED LIMITS OF) Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 336 S. Cannon Avenue
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Allen P. Barber

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Clara Barber
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1861

8. AGE: Years	Months	Days	If less than one day
78	11	25	hrs. min.

9. Birthplace Hagerstown-Washington- Maryland
(Town, county, and state)
10. Usual occupation Sign Painter
11. Industry or business

FATHER
12. Name George Barber
13. Birthplace Washington County, Md.

MOTHER
14. Maiden name Catherine Faith
15. Birthplace Hancock, Md.

16. Informant Mrs. Helen Mullenix
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 4, 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Mar. 4, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1940- 19 4, at A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from --- 19, to 19, and that I last saw him alive on 19.

Immediate cause of death: Illuminating gas poisoning — DURATION 3/2/40

Due to: Prostatic hypertrophy (benign) — 1937

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of Mar. 2'40
Where did injury occur? Hagerstown, Wash. , Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of injury --- Injured at work?

23. SIGNATURE D. Robert Mills DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. or Coroner
Address Hagerstown, Md. Date signed Mar. 2'

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 304 03472

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hancock (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: R F D # 1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hancock Md (If outside city or town limits, write RURAL and give town)
(d) Street No. R F D # 1 (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Josephine Ellen Booth

3 (b) If veteran, name war: None
3 (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James M Booth
6. (c) If alive, give age: 76 years
7. Birth date of deceased (mo., day, yr.): Mar 10th 1866
8. AGE: Years: 74 Months: 0 Days: 8 If less than one day: ____ hr. ____ min.
9. Birthplace: Penna (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Carstaky of W. R. & Ins Co
FATHER 12. Name: Jacob Dueen
13. Birthplace: Bedford Co Pa.
MOTHER 14. Maiden Name: Mary Elizabeth Hege
15. Birthplace: Fulton Co Pa.
16 (a) Informant: James M Booth
(b) Address: Hancock Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-40 (month) (day) (year)
(c) Cemetery or crematory: Presbyterian
Location: Hancock Washington Co.
18 (a) Funeral director: C B Jeffries
(b) Address: Hancock Md
19 (a) 3-19-40 (Date rec'd by registrar) (b) C B Jeffries Registrar

MEDICAL CERTIFICATION

20. Date of death 3-18 1940 at 10:45 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on Dead on arrival

	Duration
Immediate cause of death: Acute cardiac dilatation	5 min
Due to: Chronic myocarditis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Herbert R. Tobias M.D. (M. D. or other)
Address: Hancock Md Date signed 3-19-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 6 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (63-2)

03473

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Rural Hagerstown, Md. R D 5
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Rural- Hagerstown Md. R D 5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Leitersburg Pike
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marie Elizabeth Bowman

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband or wife: David F. Bowman

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): June 1, 1870

8. AGE:

Years	Months	Days	If less than one day
69	9	1	____hrs. ____min.

9. Birthplace: Franklin County, Penn.
(Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business

FATHER
12. Name: Samuel Lowman
13. Birthplace: Washington County, Md.

MOTHER
14. Maiden name: Elizabeth Abey
15. Birthplace: Washington County, Md.

16. Informant: David F. Bowman
Address: Hagerstown, Md. R D 5

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 4, 1940 (month) (day) (year)

Cemetery or crematory: Lutheran Cemetery

Location: Leitersburg, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. Mar. 4, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 2, 1940 8:00 A.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to 3/2 1940, and that I last saw h er alive on Feb 1 - 1940 19____.

Immediate cause of death	DURATION
Chronic Endocarditis ?	?
Due to (2)	
Due to	
Other conditions Hypothyroidism	?

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Victor D. Miller M. D. or other

Address: Hagerstown Md. Date signed 3/3 1940

RECEIVED
MAR 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-b)

CERTIFICATE OF DEATH

03474

Reg. Diat. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown RFD.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
none.
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) 8 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town near Hagerstown. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hagers town. R # 3
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Chas Ray Bussard.

3. (b) Social Security Number 216-14-5350

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ____
6(c) If alive, give age —. years

7. Birth date of deceased (mo., day, yr.) December 22-1920

8. AGE:

Years	Months	Days	If less than one day
19	3	17.	____ hrs. ____ min.

9. Birthplace Sharpsburg Wash Co Md. (Town, county, and state)
10. Usual occupation Quarry man
11. Industry or business N. Y. A.
FATHER 12. Name Oda K. Bussard
13. Birthplace Williamsport Md.
MOTHER 14. Maiden name Alice Sanders.
15. Birthplace Downsville Md.
16. Informant Oda. K. Bassard.
Address Hagerstown. Md R # 3.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Mar. 10-1940 (month) (day) (year)
Cemetery or crematory Dunkard Cem.
Location Broadfording. Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown Md.
19. Mar. 9 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 4 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__.

Immediate cause of death	DURATION
Mitral Stenosis	1939
Due to Ventricular fibrillation	3/8/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations NO
Of autopsy NO

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide NO Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other
Address Hagerstown, Md. Date signed Mar.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Cutler.

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03475

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AT5

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 hrs.

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 102 E. Lizabeth St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME John Carbaugh

3. (b) Social Security Number no-

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Male	White	Single.

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 4 - 1940

8. AGE: Years — Months — Days 11 If less than one day — hrs. — min.

9. Birthplace Hagerstown. Wash Co Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name Oman Carbaugh.

13. Birthplace Hagerstown Md

MOTHER 14. Maiden name Helen Knox

15. Birthplace Hagerstown. Md.

18. Informant Oman Carbaugh

Address Hagerstown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 16-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director A. L. Coffman

Address Hagerstown. Md.

19. Mar. 15. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

Dr Kritzer

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March - 4 - 1940, to March 15 - 1940, and that I last saw him alive on March 14 - 1940

Immediate cause of death	DURATION
Bronchial Pneumonia -	1 day -
Due to Pre Mature Birth -	8 mo -
Due to Jaundice - Severe -	9 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy Autopsy Performed -

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE Harry A Kritzer M.D. M. D. or other

Address — Date signed —

RECEIVED
APR 7 1940
BUREAU V. S.

03476

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Ridge Ave. Extended Box 226

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Ridge Ave Extended Rear

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Malverner Cook

3. (b) Social Security Number No

4. Sex Female

5. Color or race Col

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Milton Cook

6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 2 1886

8. AGE: Years 54 Months Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Williamsport Md (Town, county, and state)

10. Usual occupation House Work

11. Industry or business at Home

FATHER 12. Name David Johnson

13. Birthplace Johnstown Penna

MOTHER 14. Maiden name Maria Hawkins

15. Birthplace Washington D.C.

16. Informant Inez Grant Box 226

Address Ridge Ave Extended

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/8-40 (month) (day) (year)

Cemetery or crematory Riverview Cemetery

Location Williamsport Md.

18. Funeral director John M Caldwell

Address Hagerstown Md

19. Mar. 6 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5th 1940 at 8 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 36, to March 5 1940, and that I last saw her alive on March 4th 1940.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION about 4 yrs.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address 113 W. Washington St Hagerstown Md Date signed 3/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131a) Reg. Dist. No. 304

CERTIFICATE OF DEATH

03477

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hancock, Md. Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 30 Years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Washington
(c) City or town Hancock, Md Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George William Cubbage

3 (b) If veteran, name war —

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Audrey Cubbage

6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Jan. 22 1882

8. **AGE:** Years 58 | Months 1 | Days 20 | If less than one day ____hr. ____min.

9. Birthplace Page Co. Va.
(Town, county, and state)

10. Usual occupation Cooper

11. Industry or business

FATHER
12. Name John Cubbage
13. Birthplace Page Co. Va.

MOTHER
14. Maiden Name Roberta Gorden
15. Birthplace Virginia

16 (a) Informant Mrs. Audrey Cubbage
(b) Address Hancock, Md. R.F.D.1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 16 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive
Location Near Hancock, Md.

18 (a) Funeral director Snyder - Rowland
(b) Address Hancock, Md.

19 (a) 3/14/40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 14 1940, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to 3-12 1940, and that I last saw him alive on 3-12 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days
Due to Hypertension	
Due to	
Other conditions Cardio-renal disease	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Herbert R. Tobias M.D.
M. D. or other
Address Hancock Md Date signed 3-14-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03478

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 213 E Franklin St

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 213 E Franklin

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Charles Franklin De Hart

3. (b) Social Security Number 214-09-3115

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Lillie V.

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept 25 - 1887

8. AGE:

Years	Months	Days	If less than one day
52	5	28	____ hrs. ____ min.

9. Birthplace Chambersburg Franklin Co Pa.
(Town, county, and state)

10. Usual occupation New York Central R. Works.

11. Industry or business Boiler Marker.

FATHER 12. Name Frank De Hart

13. Birthplace Chambersburg Pa

MOTHER 14. Maiden name Mary E. Dansberger

15. Birthplace Chambersburg Pa

16. Informant Mrs Chas F. De Hart

Address Hagerstown. Md.

17. Burial. Date thereof Mar 25-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Harbaughs Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Costman

Address Hagerstown. Md

19. 3-23 1940 Chas H Beavers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1940, at 10 45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to March 1940, and that I last saw him alive on March 20 1940.

Immediate cause of death Coronary Thrombosis — DURATION

Due to

Due to

Other conditions Hypertension

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H H Leuther M. D. or other

Address 134 N Potomac Date signed 3-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

P. Cutter

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

03479

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 30 So Prospect
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 23 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 30 So Prospect St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs Katherine Hemmerlee Doub.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Daniel W.
6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) December 12-1876

8. AGE: Years	Months	Days	If less than one day
63	3	14	____ hrs. ____ min.

9. Birthplace Phila. Chester Co Pa.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home.
FATHER 12. Name John Hemmerlee
13. Birthplace Germany
MOTHER 14. Maiden name Katherine Von Welde
15. Birthplace Germany
16. Informant Daniel W. Doub.
Address Hagerstown. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 27 1940 (month) (day) (year)
Cemetery or crematory Beaver Creek Cem.
Location Beaver Creek Md
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. Mar. 27, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26, 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Mar. 26 1940, and that I last saw her alive on Mar 25 1940

Immediate cause of death	DURATION
Carcinoma of Liver	
Due to Metastes from Carcinoma of Breast.	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Walter Layman M.D.
M. D. or other
Address Hagerstown Md Date signed 3/26/40

Dr Layman.

RECEIVED
APR 7 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(181)

03480

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County Washington

City or town Near Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Boonsboro

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Washington

City or town Rural - Near Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Boonsboro
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Howard Nelson Eakle

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 20 - 1885

8. AGE: Years 54 Months 9 Days 11 If less than one day hrs. min.

9. Birthplace Near Boonsboro Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Vinton L. Eakle
13. Birthplace Boonsboro Wash. Co. Md.

MOTHER
14. Maiden name Nannie Keedy
15. Birthplace Keedysville Wash. Co. Md.

16. Informant Miss Mary Eakle

Address Boonsboro Md. R. 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof March. 4. 1940 (month) (day) (year)

Cemetery or crematory Boonsboro Cemetary

Location Boonsboro Md.

18. Funeral director Wm. F. Bast & Son

Address Boonsboro Md.

19. March. 4. 1940 (Date rec'd by registrar) William F. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 15 1940, to March 1 1940, and that I last saw him alive on February 29 1940.

Immediate cause of death Chronic myocarditis. — DURATION 3 yr.

Due to Chronic nephritis. — 8 yrs.

Due to Accidental burn; occurred while burning brush. There was no building involved. — [illegible]

Other conditions Whole right leg burned in October 1939 & never healed.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident. Cate of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) While burning brush.

Means of injury Accidental burn. Injured at work?

23. SIGNATURE G. W. LeVan M. D.
M. D. or other

Address Boonsboro. Date signed 3/3/40

RECEIVED
APR 5 1940
BUREAU V. S.

03481

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Maugansville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mennonite Old Peoples Home

Stay in hospital or inst. (yrs., or mos., or days): 6 yrs 7 mos.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Wash.

City or town: Brownsville Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alice Edwards

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 20, 1850

8. AGE: Years	Months	Days	If less than one day
89	11	13	____ hrs. ____ min.

9. Birthplace: Brownsville - Wash. - Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Mrs. William Garrot
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 9 (day) 1940 (year)

Cemetery or crematory: St. Luke's Episcopal

Location: Brownsville, Md.

18. Funeral director: R. I. Earnshaw
Address: Keedysville, Md.

19. Mar 8. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 1940, to Mar 7 1940, and that I last saw her alive on Mar 7 - 40 19

Immediate cause of death: Chr. Myocarditis

Due to: Arterio sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION: 10 yrs

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: S. E. Witt M. D. or ~~other~~

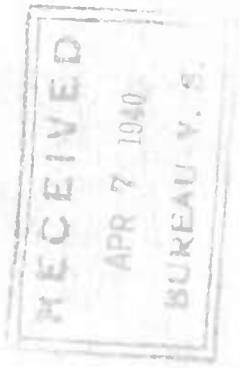
Address: Hagerstown Md Date signed 3/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Ditto
St. Frank St.



MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 303 03482

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Clearspring. Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 25 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Washington
(c) City or town Clearspring, Md. Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Nanie V. Farrow

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of Husband [redacted] John C. Farrow

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Mar. 3 1880

8. AGE: Years 59 | Months 11 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Washington County
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Jacob Shank
13. Birthplace Washington Co.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant John C. Farrow
(b) Address Clearspring, Md. Rural

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 3 1940 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Cemetery
Location Near Clearspring, Md.

18 (a) Funeral director Snyder - Rowland
(b) Address Clearspring, Md.

19 (a) March 3 1940 (Date rec'd by registrar) (b) J. W. Murray Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 1 1940, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21 1939, to March 1 1940
and that I last saw him alive on March 1 1940

Immediate cause of death	Duration
Tuberculosis, pulmonary	?
Due to Malnutrition	6 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Archie Robert Shaw M. D.
Address Clearspring Date signed 3/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03483

Reg. Dist. No. 803

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 415

Dr. Cohen.

1. PLACE OF DEATH:
County Washington
City or town Shady Bower.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution: Route # 40
Stay in hospital or inst. (yrs., or mos., or days) none.
Stay in this community (yrs., or mos., or days) 84 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Clearspring R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Route # 40
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mrs Mary Catherine Frush.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Femal	white	widow.

B (b) Name of husband or wife Samuel.
6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) June 22 - 1857

8. AGE: Years	Months	Days	If less than one day
82	8	25	——— hrs. ——— min.

9. Birthplace Springfield (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Montevalle J. Draper.
13. Birthplace Clearspring Md.

MOTHER
14. Maiden name Katherine Spiecker.
15. Birthplace Clearspring Md.

16. Informant Norman Frush.
Address Clearspring Md. R.F.D

17. Burial. Date thereof March 18-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St. Pauls Cem.
Location St Pauls Maryland
18. Funeral director Andrew K Coffman
Address Hagerstown. Md

19. March 17 1940 Joseph W. Murray
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940; at 9 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13, 1940 to March 16 1940, and that I last saw her alive on March 16 1940.

	DURATION
Immediate cause of death Uremia, terminal	3 days
broncho pneumonia.	
Due to Arteriosclerotic, hypertensive cardiovascular renal disease	?
~~xxxx~~ Chronic nephritis	?
Other conditions Tuberculosis, pulmonary, fibroid, chronic.	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ——— Date of ———
Where did injury occur? ——— (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ———
Means of injury ——— Injured at work?

23. SIGNATURE Arthur Robert Cohen M. D. or other
Address Clearspring Md Date signed 3/16/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03484

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wash. Co Hospital.
Stay in hospital or inst. (yrs., or mos., or days) 4 das.
Stay in this community (yrs., or mos., or days) 26 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown. Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 131 Fairground Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs Ida Jane Funk.

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow
6 (b) Name of husband or wife: Martin Calvin.
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 16 - 1861.

8. AGE: Years 78 | Months 11 | Days 2 | If less than one day ____ hrs. ____ min.

9. Birthplace: Chewsville Wash. Co. Md. (Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business: own Home.
FATHER
12. Name: William Reynolds.
13. Birthplace: Chewsville Md.
MOTHER
14. Maiden name: Sarah Byers.
15. Birthplace: Chewsville Md.
16. Informant: Mrs Raymond E Fleming.
Address: Hagerstown Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof: Mar 20 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill Cemetery
Location: Hagerstown. Md.
18. Funeral director: Andrew K. Coffman
Address: Hagerstown. Md.
19. Mar. 20, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 18 1940, at 3 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 16, 1939 to March 18 1940, and that I last saw her alive on March 18, 1940.

Immediate cause of death: Chronic myocarditis — DURATION: several years.
Due to
Due to
Other conditions: Post influenzal asthenia 6 weeks; terminal hypostatic pneumonia 1 day
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy: Chronic myocarditis - hypostatic pneumonia

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: R B Nourent MD M. D. or other
Address: Hagerstown Md Date signed 3/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Norment

RECEIVED
APR 7 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(93-d)

03485

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
County Washington County
City or town Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 58 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 122 Potomac St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Andrew Garrett

3. (b) Social Security Number: 219-01-7399

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband or wife~~: Annie Garrett
6(c) If alive, give age 73 years
7. Birth date of deceased (mo., day, yr.) Feb 19 1867
8. AGE: Years 73 | Months | Days 26 | If less than one day ___ hrs. ___ min.
9. Birthplace Little Georgetown W. Va
(Town, county, and state)
10. Usual occupation WPA Foreman
11. Industry or business
FATHER
12. Name William Andrew
13. Birthplace West Va.
MOTHER
14. Maiden name Mary Ward
15. Birthplace West Va
16. Informant Annie Garrett
Address Williamsport, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 19 1940 (month) (day) (year)
Cemetery or crematory Riverview Cemetery
Location Williamsport Md
18. Funeral director Edith V Leaf
Address Williamsport, Md
19 March 19 1940 (Date rec'd by registrar) Mrs E Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 1 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1940, to Mar. 16 1940, and that I last saw him alive on Mar. 16 1940.

Immediate cause of death	DURATION
Myocarditis Chronica	(2/1)
Due to Arteriosclerosis	(2/1)
Due to	
Other conditions Cerebral Hemorrhage	Feb 1-40

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE I. M. Pennerman M. D. or other
Address Williamsport Md Date signed 3-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03486

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 55 E. Antietam St.
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Joyrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 55 E. Antietam St.
(If rural give LOCATION)
2(e) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs Indiana Frances Gillan.

3. (b) Social Security Number none.

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow-
6 (b) Name of husband or wife: John T.
6(c) If alive, give age —— years
7. Birth date of deceased (mo., day, yr.): June 4 - 1858
8. AGE: Years 81 | Months 9 | Days 15 | If less than one day ____ hrs. ____ min.
9. Birthplace Boonsboro Washo Md. (Town, county, and state)
10. Usual occupation housewife
11. Industry or business Own Home.
FATHER 12. Name Martin Miller.
FATHER 13. Birthplace Frederick Md.
MOTHER 14. Maiden name Rebecca Miller
MOTHER 15. Birthplace Frederick Md.
16. Informant Mrs Ray B Kaetzel
Address Hagerstown. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 21 - 1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cem.
Location Hagerstown. Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.
19. Mar. 21, 1940 (Date rec'd by registrar) Chas H Beecer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19. 1940, at 6 20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 14 1940 to March 19 1940, and that I last saw h alive on March 19. 1940

Immediate cause of death: Cerebral hemorrhage — DURATION: 16 hours

Due to: ——

Due to: ——

Other conditions: Coronary sclerosis, Generalized arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ——

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide —— Date of ——
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury —— Injured at work?

23. SIGNATURE R B Norment M D
Address Hagerstown Md M. D. or other
Date signed 3/20/40

Dr. Norment

RECEIVED
APR 7 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92a)

03487

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 222 So Potomac

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 222 So Potomac

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Isaac L. Hahn.

3. (b) Social Security Number no.

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Iowa.

6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) Sept 14-1858

8. AGE: Years 81. Months 5 Days 19. If less than one day ___ hrs. ___ min.

9. Birthplace L. Hlestown Adams Co Pa. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired.

FATHER

12. Name Adam Hahn.

13. Birthplace L. Hlestown. Pa.

MOTHER

14. Maiden name Susan Long.

15. Birthplace L. Hlestown. Pa.

16. Informant Robert Hahn.

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof March 4-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Cossman

Address Hagerstown. Md.

19. Mar. 4, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March. 2 1940, at 4:20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 6, 1937, to March 2, 1940, and that I last saw him alive on March 2, 1940.

Immediate cause of death	DURATION
Aortic Insufficiency	11-6-37
Angina Pectoris	11-6-37
Arteriosclerosis	11-6-37
Due to	
Due to	
Other conditions Heart Failure	March 1-40

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? X (City or town) X (County) (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work? ___

23. SIGNATURE W. Howard Yeager M. D. or other

Address Hagerstown Date signed March 4. 40

Dr Yeager.

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03488

Reg. Dist. No. 30 2

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 719 No Locust.

Stay in hospital or inst. (yrs., or mos., or days) nona.

Stay in this community (yrs., or mos., or days) 79 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 719 no Locust St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John Edward Hamburg

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widower.

6 (b) Name of husband or wife Elizabeth

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 5 1853

8. AGE: Years	Months	Days	If less than one day
87	—	5	____ hrs. ____ min.

9. Birthplace Bridgewater-Rockingham Co. Va. (Town, county, and state)

10. Usual occupation Brick Mason.

11. Industry or business Retired 15 yrs.

FATHER 12. Name David Hamburg

13. Birthplace Edgemont Md.

MOTHER 14. Maiden name Mary Delwiler.

15. Birthplace Edgemont Md.

16. Informant John K. Hamburg

Address Hagerstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof March 12-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew R. Coffman

Address Hagerstown Md.

19. Mar. 12, 1940 (Date rec'd by registrar) Chas H Bovers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 7:47 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 29 1939 to March 4 1940,

and that I last saw him alive on March 4, 1940.

Immediate cause of death Coronary occlusion — DURATION 1

Due to ____

Due to ____

Other conditions Arteriosclerotic Heart disease — DURATION ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations 0

Of autopsy 0

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE C Norwent MD M. D. or other

Address Hagerstown Md Date signed March 11, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Norwent

RECEIVED
MAR 23 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03489

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County Washington County

City or town Sharpsburg Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 77 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Sharpsburg Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joshua Hammond

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alice Virginia Hammond

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.): March 12 1852

8. AGE: Years 77 Months 11 Days 24 If less than one day ___ hrs. ___ min.

9. Birthplace: Near Sharpsburg Md
(Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business: Merchant

FATHER
12. Name: Joshua Hammond
13. Birthplace: Near Sharpsburg Md

MOTHER
14. Maiden name: Deliliah Lampert
15. Birthplace: Md

16. Informant: Alice Hammond (wife

Address: Sharpsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 10 1940 (month) (day) (year)

Cemetery or crematory: Mt. View Cemetery

Location: Sharpsburg Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. 3 – 9 1940 (Date rec'd by registrar) Ellis Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 21 1940 to March 6 1940, and that I last saw him alive on March 6 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	2 days.
Due to Chronic Myocarditis	5 yrs (?)
Due to	
Other conditions Grippe	1 week.

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Sheaby M.D. M. D. or other

Address Sharpsburg, Md. Date signed 3/9/40.

RECEIVED
APR 7 1940
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

03490

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 1300 Hamilton Blvd.
Stay in hospital or inst. (yrs., or mos., or days) none.
Stay in this community (yrs., or mos., or days) 21 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1300 Hamilton Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME J. Lloyd Harshman.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Stella.
6(c) If alive, give age 52. years

7. Birth date of deceased (mo., day, yr.) April 21 - 1887

8. AGE: Years	Months	Days	If less than one day
52	10	16	____ hrs. ____ min.

9. Birthplace Marietta, Wash. Co. Ohio.
(Town, county, and state)
10. Usual occupation Atty-at-law-
11. Industry or business

FATHER
12. Name Thomas Harshman
13. Birthplace Wolfesville Md.

MOTHER
14. Maiden name Nancy Jane Bowman
15. Birthplace Marietta Ohio

16. Informant Mrs J. Lloyd Harshman
Address Hagerstown, Md.
17. Burial. Date thereof Mar. 9-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rest Haven Cemetery
Location Hagerstown, Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown, Md.
19. Mar 7 1940 Chas H Bowers
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 21, 1939, to Mch 6, 1940, and that I last saw h alive on Mch 6, 1940

Immediate cause of death	DURATION
Chronic Glomerular Nephritis with Hypertension.	Indef.
Due to	
Due to	
Other conditions Chronic Myocarditis	Indef.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B. B. Kreisler M.D. or other
Address 149 W. Work St. Hagerstown Md. Date signed 3/6/40

Dr. B. B. Kreisler

RECEIVED
APR 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (191-2) Reg. Dist. No. 302

CERTIFICATE OF DEATH

03491

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hagerstown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 2027 Virginia Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 23

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hagerstown (Rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 Va. Ave. Hagerstown
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ursa Peter Harshman

3 (b) If veteran, name war —

3 (c) Social Security No 705-10-5589

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name ~~of husband or~~ wife Pauline Smith

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Sept 18, 1892

8. AGE: Years 47 Months 5 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace W. Myersville Fred co Md
(Town, county, and state)

10. Usual occupation Accountant

11. Industry or business W. Md. Railway Co.

FATHER
12. Name Ira Harshman
13. Birthplace Myersville, Fred co. Md

MOTHER
14. Maiden Name Elizabeth Grossinckle
15. Birthplace W. Myersville Fred co Md

16 (a) Informant Mrs. U. P. Harshman
(b) Address 2027 Va. Ave. Hagerstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 16 '40 (month) (day) (year)
(c) Cemetery or crematory Rest Haven
Location Hagerstown

18 (a) Funeral director Thos. Biddle & Son
(b) Address Myersville, Md

19 (a) Mar. 16 1940 (Date rec'd by registrar) (b) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. Date of death March 13 1940, at 11 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1939, to March 13 1940, and that I last saw him alive on March 13, 1940.

Immediate cause of death	Duration
Malignant vascular hypertension	6 mos.
Due to	
Due to	
Other conditions Chronic nephritis	6 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations 0
Of autopsy 0

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R B Nouvent Vos M. D. or other
Address Hagerstown Md Date signed 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1040
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03492

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Leitersburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days) none

Stay in this community (yrs., or mos., or days) 18 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Leitersburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs Anna Myrtle Hebb.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife William

6(c) If alive, give age 73. years

7. Birth date of deceased (mo., day, yr.) Oct 21 - 1870

8. AGE: Years	Months	Days	If less than one day
69	4	15	____ hrs. ____ min.

9. Birthplace Leitersburg Wash. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business none

FATHER

12. Name Samuel Bowman

13. Birthplace Leitersburg Md.

MOTHER

14. Maiden name Catherine High

15. Birthplace Leitersburg Md.

16. Informant William Hebb.

Address Leitersburg Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof March 8 1940 (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Leitersburg, Md.

18. Funeral director Andrew K. Cottman

Address Hagerstown. Md.

19. Mar. 7, 1940 (Date rec'd by registrar) Elizabeth Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939, to March 1940, and that I last saw h e v alive on March 5th 1940.

Immediate cause of death Carcinoma - Breast (left) — DURATION 2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm J Hirshman M. D. or other

Address Hagerstown Md Date signed 3/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Dr Hirshman.

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03493

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 908 Oak Hill Ave
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 86-6-23

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 908 Oak Hill Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Mary J Hershey

3. (b) Social Security Number None

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Widow
(b) Name of husband or wife: Winfield S. Hershey
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Sept 5 - 1853

8. AGE: Years 86 | Months 6 | Days 23 | If less than one day ____ hrs. ____ min.

9. Birthplace: Near Beaver creek Wash. Md
(Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER
12. Name: Jacob Wolfkill
13. Birthplace: Mapleville Md.
MOTHER
14. Maiden name: Jane Brinham
15. Birthplace: Beaver creek. Md.
16. Informant: Mr. W Earle Hershey
Address: Hagerstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 31-1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown Md
18. Funeral director: Scott F. Minnich & Son
Address: Hagerstown Md.
19. Mar. 6. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 4:40 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1940 to March 28 1940, and that I last saw her alive on March 29 1940.

Immediate cause of death	DURATION
Broncho pneumonia	3 days
Due to	
Due to	
Other conditions: Arterio sclerotic heart disease	

(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: R B Nourent MD M. D. or other
Address: Hagerstown Md Date signed 3/29/40

Norment

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1942
BUREAU V. S.

03494

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 517 Salem Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Moses Horning

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

8 (b) Name of husband or wife: Fannie Horning

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Feby. 7, 1863

8. AGE: Years 77 | Months 1 | Days 0 | If less than one day ___ hrs. ___ min.

9. Birthplace: Carroll County, Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Samuel Horning
13. Birthplace: Carroll County, Md.

MOTHER
14. Maiden name: Mary ----- (Unknown)
15. Birthplace: Unknown

16. Informant: Samuel Horning
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 9, 1940 (month) (day) (year)

Cemetery or crematory: Pipe Creek Cemetery

Location: Near Union Bridge, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. Mar. 8 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7, 1940 6:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27 1940 to March 6 1940, and that I last saw him alive on March 6, 1940

Immediate cause of death: Chronic nephritis — DURATION ?

Due to

Due to

Other conditions: Influenza — 1 week

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy: 0

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE R B Nouvent MD M. D. or other
Address Hagerstown, Md Date signed 3/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1910
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03495

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (93d)

County Washington Registration Dist. No. 302

Village or City ~~Hagerstown~~ Maugansville No. Washington St. Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha D. Horst no Social Security no.

(a) Residence: No. Chambersburg Pa RD St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Feb. 11th 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70	0	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. House Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Franklin Co. Pa. (State or country)

FATHER

13. NAME Henry Horst

14. BIRTHPLACE (city or town) Franklin Co Pa. (State or country)

MOTHER

15. MAIDEN NAME Martha D. Stuviler

16. BIRTHPLACE (city or town) Franklin Co. Pa (State or country)

17. INFORMANT Nevin K. Fisher (Address) Greencastle Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Mennonite Church Chambersburg Date 3/11, 1940

19. UNDERTAKER Nevin K. Fisher (Address) Greencastle Pa.

20. FILED Mar. 9, 1940 Chas. H. Boward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 8th (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1940, to Mar 8, 1940

I last saw her alive on Mar 8, 1940; death is said to have occurred on the date stated above, at 11:40 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	3/4/40
Myocarditis Chs	?
Myocardial dilitation	3/8/40

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) H. S. Cortenfield M. D.

(Address) 136 W. Washington St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Examplo I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03496

Reg. Dist. No. 303

1. PLACE OF DEATH:
County Wash.
City or town Big Pool Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Indian Spring Road.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 8 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wash.
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unnamed - Hull

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	—

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 1, 1940 -

8. AGE: Years — Months — Days — If less than one day — hrs. — min.

9. Birthplace Big Pool Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden name Norma Hull
15. Birthplace Big Pool Md.

16. Informant Norma Hull
Address Big Pool,

17. (Burial, cremation, or removal. Which?) Date thereof Mar 4 1940
(month) (day) (year)

Cemetery or crematory None

Location

18. Funeral director None

Address

19. April 3 1940 Joseph W. Murray
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 1, 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1, 1940, to 19, and that I last saw h alive on 19.

	DURATION
Immediate cause of death Abortion -	3 days
Due to Criminal -	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Df operations
Df autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, indusfry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David P. Brewer M.D.
M. D. or other
Address Clear Spring Date signed 4/1/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132)

CERTIFICATE OF DEATH

03497

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 107 W Bethel
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 16 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 107 W Bethel St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy K. Jefferson

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col	Divorced

6 (b) Name of husband or wife Hall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 29 - 1870.

8. AGE:

Years	Months	Days	If less than one day
69	6	15	hrs. min.

9. Birthplace Allegany County Md (Town, county, and state)
10. Usual occupation House Work
11. Industry or business at Home

FATHER
12. Name Jefferson Holly
13. Birthplace Va

MOTHER
14. Maiden name Mariah Jones
15. Birthplace Allegany County Md

16. Informant Mrs Minnie Stewart
Address 110 W Bethel St

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 16-40 (month) (day) (year)
Cemetery or crematory Rosehill Cemetery
Location Hagerstown Md

18. Funeral director John M. Caldwell
Address Hagerstown Md

19. Mar 18 19 40 C. Frost Boyer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 3:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1938, to March 14 1940, and that I last saw her alive on March 13 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to	
Due to	
Other conditions Hypertension, Chronic Kidney Disorders - (Include pregnancy within three months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Lucy K Jefferson M. D. or other
Address Hagerstown Md Date signed 3/15/40

RECEIVED
APR 7 1940
BUREAU V. S.

Dr. Bridges

STATE OF MARYLAND—CERTIFICATE OF DEATH

03498

46(B)

1. PLACE OF DEATH

County Washington Registration Dist. No. 306

Village or City Highfield Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M Elizabeth Ruth Jester

(a) Residence: No. Highfield Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Jester

6. DATE OF BIRTH (month, day, and year): Mar 3 - 1864

7. AGE: Years 76 | Months ~~21~~ | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House Work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Blue Ridge summit Md

FATHER

13. NAME: John C Ruths

14. BIRTHPLACE (city or town) (State or country): Atlantic Ocean

MOTHER

15. MAIDEN NAME: Sarah Ann Miller

16. BIRTHPLACE (city or town) (State or country): Cascade Md

17. INFORMANT (Address): Mrs John Messner Highfield Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Harbaugh Date: Franklin Co 3/26 1940

19. UNDERTAKER (Address): Walter Y Grove Waynesboro Pa

20. FILED: Mar 25, 1940 Geo. W. Ferguson local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3 (Month) 24 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1940, to March 24, 1940

I last saw her alive on 3-24-, 1940, death is said to have occurred on the date stated above, at 3 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Castric & Liver	
Coicenoma	
Primary carcinoma of stomach. C.W.G.R.	

Other Contributory Causes of importance: Duration: six months.

Name of operation: Objective & Subjective symptoms Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. C. Bridges M. D.

(Address) Blue Ridge Summit Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

I

T

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
APR 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03499

(362)

CERTIFICATE OF DEATH

Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Sharpsburg

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) at Home.

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Katherine Hazel Kauffman

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles Kauffman

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April - 15 - 1893

8. AGE:

Years	Months	Days	If less than one day
46	10	19	hrs. min.

9. Birthplace Keedysville Washington Co. Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business own home

FATHER

12. Name Franklin H. Clopper

13. Birthplace Middletown Fred. Co. Md.

MOTHER

14. Maiden name Nannie Fry

15. Birthplace Sharpsburg Washington Co. Md.

16. Informant Joseph Clopper

Address Boonsboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 27. 1940 (month) (day) (year)

Cemetery or crematory Fairview Cemetary

Location Keedysville Md.

18. Funeral director Wm. J. Bast & Son

Address Boonsboro Md

19. 3-25-1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 12:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to March 24 1940, and that I last saw her alive on March 24 1940.

Immediate cause of death	DURATION
Chronic Interstitial Nephritis & Uraemia	1
Due to Hard Hypertension.	5
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. Hooper M. D.
M. D. or other

Address Boonsboro Md Date signed 3-25-40

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Ho-C)

03500

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Hagerstown - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Virginia Refauver

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F.	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20th 1940

8. AGE: Years | Months | Days | If less than one day: 5 hrs. min.

9. Birthplace Hagerstown, Washington Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Horis Refauver
13. Birthplace Washington D. C.

MOTHER
14. Maiden name Frankes Walch
15. Birthplace Franklin Co, Pa

16. Informant Norman L. Walch
Address Greencastle Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 21st 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill

Location Greencastle, Pa

18. Funeral director Verlin E. Fisher

Address Greencastle Pa.

19. Mar. 20, 1940 (Date rec'd by registrar) Chas. H. Groves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1940, at 2.05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 20 1940, to Mar. 20 1940, and that I last saw h alive on Mar. 20 1940.

Immediate cause of death	DURATION
Premature 8 mo.	
Due to Asphyxia al-	3.20.40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Robert Wells DEPUTY MEDICAL EXA WASH. CO., MD. M. D. or Coroner

Address Hagerstown, Md. Date signed 3-20-40

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-m)

CERTIFICATE OF DEATH

03501

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days) 15 Days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Carolyn Virginia Keller

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14-1939

8. AGE: Years | Months: 3 | Days: 14 | If less than one day: hrs. min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Irvin L. Keller
13. Birthplace Middletown, Md.

MOTHER
14. Maiden name Charlotte Bowman
15. Birthplace Washington County, Md.

16. Informant Irvin L. Keller
Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 30-1940 (month) (day) (year)
Cemetery or crematory Reformed Cemetery
Location Middletown, Md.

18. Funeral director Gladhill & Co.
Address Middletown, Md.

19. Mar. 29, 1940 (Date rec'd by registrar) Ghost Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1940, to Mar. 28 1940, and that I last saw h ER alive on March 28 1940.

Immediate cause of death Surgical Shock — DURATION 1 hr.
Broncho-Pneumonia
Due to Congenital Hydronephrosis Bilateral — DURATION birth
Due to Congenital Tumor of Uterus with abscess formation — DURATION birth.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Congenital Tumor Uterus & abscess formation
Of autopsy Congenital Bilateral Hydronephrosis

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. B. Anders M. D.
M. D. or other
Address Boonsboro Md. Date signed 3-28-40

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

03502

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Vine St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 70 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 4
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Vine
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME: Amanda J Kenney
3. (b) Social Security Number: None

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Daniel J Kenney
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years: about 70 | Months: — | Days: — | If less than one day ____ hrs. ____ min.
9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: None
11. Industry or business: —
FATHER 12. Name: Unknown
13. Birthplace: "
MOTHER 14. Maiden name: "
15. Birthplace: "
16. Informant: Chas E. Wilson
Address: Hagerstown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 6, 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown Md
18. Funeral director: Scott F. Minnick Son
Address: Hagerstown Md.
19. Mar. 5. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4 1940, at 4 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 28 1940, to March 6 1940, and that I last saw h____ alive on ____ 19____.
Immediate cause of death: myocarditis — DURATION: 2 mos
Due to
Due to
Other conditions: Tuberculosis of lungs — 10 yrs
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: No Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Wm Allan Brown M. D. or other
Address: 164 W Wash Date signed 3-4-40

Brown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

03503

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 128 High Street

Stay in hospital or inst. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 128 High Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mrs Minnie May Kershner

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

B (b) Name of husband or wife: Jacob

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Jan 13 - 1872

8. AGE: Years: 68 Months: 3 Days: 11 If less than one day: hrs. min.

9. Birthplace: Dry Run Wash. Co. Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own Home

FATHER
12. Name: John Dickerhoff
13. Birthplace: Dry Run, Penna.

MOTHER
14. Maiden name: Alice Vance
15. Birthplace: Upton Pa.

16. Informant: Mrs Hazel E. Brandenberg
Address: Phila. Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 26 1940 (month) (day) (year)

Cemetery or crematory: St. Pauls Cemetery

Location: Near Clearspring Maryland

18. Funeral director: Andrew K. Coffman
Address: Hagerstown Maryland

19. Mar. 26 1940 (Date rec'd by registrar) Chas H Gowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 24 1940, at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940 to March 24 1940 and that I last saw her alive on March 24 1940.

Immediate cause of death: Cerebral Thrombosis

Due to:

Due to:

Other conditions: Chronic Myocarditis 1 yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: 2 Days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: C. H. T. Beachley M.D. M. D. or other

Address: Hagerstown, Md Date signed: 3/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

03504

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day –

Stay in this community (yrs., or mos., or days) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Funkstown. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(o) IF VETERAN, NAME WAR N-O

3. (a) FULL NAME Walter F. Hesselring –

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6 (b) Name of husband or wife Era

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Apr. 16 - 1888

8. AGE: Years	Months	Days	If less than one day
51	11	5	hrs. min.

9. Birthplace Hagerstown, Wash Co Md. (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business —

FATHER 12. Name John F Hesselring.

13. Birthplace Myersville Md.

MOTHER 14. Maiden name Flora V. Hessong.

15. Birthplace Myersville Md.

16. Informant Mrs Bessie Rowland

Address Funkstown Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Mar 13-1940 (month) (day) (year)

Cemetery or crematory Funkstown Cem.

Location Funkstown. Md.

18. Funeral director Andrew K. Cassiman

Address Hagerstown. Md.

19. Mar. 12. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 5 1940, to Mar 10 1940, and that I last saw h-e alive on Mar 10 1940.

Immediate cause of death	DURATION
Lobar Pneumonia	Mar 6 1940.
Due to	
Due to	
Other conditions Chronic Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Sidney Rosenstein M. D. or other

Address Funkstown Md Date signed Mar 11 1940

RECEIVED
APR 7 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

03505

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington County

City or town Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bellvue County Home

Stay in hospital or inst. (yrs., or mos., or days) 2 weeks

Stay in this community (yrs., or mos., or days) 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Md Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Conococheague St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bertha E King

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife: Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feb 25 1868

8. AGE: Years 72 | Months | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace: Williamsport, Md
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business

FATHER
12. Name: Frank L King
13. Birthplace: Williamsport, Md

MOTHER
14. Maiden name: Ellen J Ruth
15. Birthplace: Hagerstown Md

16. Informant: William King
Address: Williamsport Md (brother)

17. burial (Burial, cremation, or removal. Which?) Date thereof March 26 1940 (month) (day) (year)

Cemetery or crematory: Riverview Cemetery

Location: Williamsport, Md

18. Funeral director: Edith V Leaf
Address: Williamsport, Md

19. Mar. 26, 1940 (Date rec'd by registrar) Chas H Bower Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1940 at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 23 1940, and that I last saw h 5 R alive on March 23 1940.

Immediate cause of death: Cerebral Thrombosis — DURATION: 3 mos

Due to

Due to

Other conditions: Chronic Myocarditis; Duration: Unknown. CWGR
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J. H. Beachley M.D.
M. D. or other

Address: Hagerstown Md Date signed

RECEIVED
MAR 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03506

1. PLACE OF DEATH

County Washington Registration Dist. No. 302

Village or City Hagerstown, Md No. Washington County Hospital St., 3 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Stillborn infant Lauterbach

(a) Residence: No. 66 Broadway St., 4 Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Not Known

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 16, 1940

7. AGE: 0 Years: 0 Months: 0 Days: 0 If LESS than 1 day, 0 hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. NONE

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hagerstown, Maryland

FATHER

13. NAME: Howard J Lauterbach

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md

MOTHER

15. MAIDEN NAME: Ruth Elizabeth Stein

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md

17. INFORMANT (Address): Mrs Ruth Stein Lauterbach Hagerstown, Md

18. BURIAL, CREMATION, OR REMOVAL Place: Hospital disposal Date: March 16, 1940

19. UNDERTAKER (Address): NONE

20. FILED: Mar. 21, 1940 Chas H Bowers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from March 16, 1940, to March 16, 1940

I last saw it alive on Stillborn 3/16, 1940; death is said to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillbirth (2 1/2 months gestation) Spontaneous miscarriage

Date of onset

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) R B Nourent M. D.

(Address) Hagerstown, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
APR 7 1928
BUREAU V. S.

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03507

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 417 S. Potomac

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME William E Leiter

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie Leiter

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov 3 - 1864

8. AGE: Years	Months	Days	If less than one day
75	4	4	hrs. min.

9. Birthplace Frederick Co. Md.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Elsworth Leiter

FATHER 13. Birthplace Beneveola Md

MOTHER 14. Maiden name Mary Kepler

MOTHER 15. Birthplace Middletown Md.

16. Informant Mrs Minnie Leiter

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 8-1940 (month) (day) (year)

Cemetery or crematory Cemetery Reformed

Location Middletown Md

18. Funeral director Scott P. Minnich & Son

Address Hagerstown Md

19. Mar 8, 1940 (Date rec'd by registrar) Chas. A. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 2.35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to Mar 7 1940, and that I last saw him alive on Mar 7 1940.

	DURATION
Immediate cause of death Hemiplegia 48 hrs	
Terminal Pneumonia	24 hrs
Due to Cerebral Hemorrhage	
Duration - Three days. Cause B	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. J. Campbell M. D. or other

Address Hagerstown Date signed 3/8/40

E. J. Campbell

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

CERTIFICATE OF DEATH

03508

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: 148 East Ave

Stay in hospital or inst. (yrs., or mos., or days) none-

Stay in this community (yrs., or mos., or days) 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown- Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 148 East Av.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs Sarah Lloyd.

3. (b) Social Security Number none.

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced widow-

6 (b) Name of husband or wife John D.

6(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Feby 12 - 1845

8. AGE: Years 95 Months 1 Days 14 If less than one day ___ hrs. ___ min.

9. Birthplace Shepherdstown Jefferson Co. W.Va. (Town, county, and state)

10. Usual occupation Housework.

11. Industry or business ———.

FATHER 12. Name Harry Fox

13. Birthplace Shepherdstown W.Va.

MOTHER 14. Maiden name Catherine Braqunier.

15. Birthplace Shepherdstown. W.Va.

16. Informer James W. Lloyd

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof March 28-1940 (month) (day) (year)

Cemetery or crematory Rose Hill. Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown- Md.

19. Mar. 27 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 19 1940, to March 26 1940, and that I last saw her alive on March 19 1940.

Immediate cause of death Arteriosclerotic & Senile Heart Disease ? Carcinoma - Face ?

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Philip J. Hirshman M. D. or other

Address Hagerstown Md Date signed 3/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Hirshman

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 304

CERTIFICATE OF DEATH

03509

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hancock
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Washington
(c) City or town Hancock
(If outside city or town limits, write RURAL and give town)
(d) Street No. Blue Hill Addition
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Infant Mellott

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. 3 mo Pregnancy

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Hancock, Washington, Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Maple C. Mellott
13. Birthplace Fulton Co. Pa.

MOTHER
14. Maiden Name Martha V. Mellott
15. Birthplace Fulton Co. Pa.

16 (a) Informant Maple Mellott
(b) Address Hancock Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26 40 (month) (day) (year)
(c) Cemetery or crematory Maple Mellott Res.
Location Hancock Md

18 (a) Funeral director Maple Mellott
(b) Address Hancock Md

19 (a) 3/26 40 (Date rec'd by registrar) (b) L. J. Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death 3-25 1940 at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-25 1940, to 3-25 1940 and that I last saw him alive on Born dead.

Immediate cause of death: Abortion 3 mos.

Due to Cause unknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Thias M.D.
M. D. or other
Address Hancock Md Date signed 3-26-40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03510

(131-a)

1. PLACE OF DEATH

County Washington Registration Dist. No. 316

Village or City Near Keedysville No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susan E. Moats If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry P. Moats

6. DATE OF BIRTH (month, day, and year) Oct-22-1839

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Wash-Co

FATHER

13. NAME Jonathan Davis

14. BIRTHPLACE (city or town) (State or country) Wash-Co.

MOTHER

15. MAIDEN NAME Mary Look ~~[illegible]~~ in land

16. BIRTHPLACE (city or town) (State or country) Wash-Co

17. INFORMANT (Address) Mrs. Geo. Hanson Big Pool, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Manor Cemty Date Mar 5, 1940

19. UNDERTAKER (Address) N. C. Reichard. Waynesboro Pa.

20. FILED Mar 4, 1940 B. H. Geeting Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1940, to March 2, 1940

I last saw her alive on March 1, 1940; death is said to have occurred on the date stated above, at 2:A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic C-V-R. disease c auricular fibrillation	7

Other Contributory Causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) W. B. Draper M. D.

(Address) Boonsboro, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

3-2-40

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
APR 8 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03511

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington

City or town Cearfoss

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Greencastle P.-le

Stay in hospital or inst. (yrs., or mos., or days) no.

Stay in this community (yrs., or mos., or days) 11yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington.

City or town Cearfoss Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Greencastle Pike.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Eleonora B. Mowen.

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Married

6 (b) Name of husband or wife Amos.

6(c) If alive, give age 69. years

7. Birth date of deceased (mo., day, yr.) Feby 21-1873

8. AGE: Years	Months	Days	If less than one day
67	-	24	hrs. min.

9. Birthplace Greencastle Franklin Co. Pa. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Jacob D. Bowers

13. Birthplace Maugansville Md.

MOTHER 14. Maiden name Katherine Zimmerman

15. Birthplace Greencastle Pa.

16. Informant Amos. Mowen.

Address Hagerstown. Md R# 4.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Mar 17-1940 (month) (day) (year)

Cemetery or crematory Dunkard Cemetery

Location Boonsboro Md

18. Funeral director Andrew R. Crist-man

Address Hagerstown, Md.

19. Mar. 16, 40 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1- 1939, to Mar 14 1940, and that I last saw alive on Mar 12- 1940.

Immediate cause of death	DURATION
Pulmonary T. B.	4 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 3-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr. Ditto.

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03512

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Maugansville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Mennonite Home

Stay in hospital or inst. (yrs., or mos., or days) 5 years

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Washington

City or town Maugansville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Emma K. Newcomer

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Frank Newcomer

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27 - 1869

8. AGE:

Years	Months	Days	If less than one day
70	4	8	hrs. min.

9. Birthplace Halfway Wash. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name James A Newcomer

13. Birthplace Marlow W. Va

MOTHER 14. Maiden name anne Hallach

15. Birthplace Wash. county Md

16. Informant Mr. Edwin Newcomer

Address Hagerstown Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 7. 1940 (month) (day) (year)

Cemetery or crematory Rest Haven

Location Hagerstown Md.

18. Funeral director Scott F Minnick & Son

Address Hagerstown Md.

19. Mar 6 1940 (Date rec'd by registrar) Chas H Boeverd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to Mar 5 1940, and that I last saw h alive on Mar 4 1940.

Immediate cause of death	DURATION
Coronary occlusion	3/6/40
Arteriosclerosis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. L. Porterfield M.D.
M. D. or other

Address 136 W Washington Date signed 3/5/40

Porterfield

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03513

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 1 day –

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown. Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 42 North Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William Keller Nigh.

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6 (b) Name of husband or wife Sarah M.

6(c) If alive, give age 57. years

7. Birth date of deceased (mo., day, yr.) Sept 2 – 1877.

8. AGE: Years	Months	Days	If less than one day
62	6	3	____ hrs. ____ min.

9. Birthplace Leitersburg Wash Co Md.

(Town, county, and state)

10. Usual occupation Body & Fender Rep Shop

11. Industry or business own. Business.

FATHER 12. Name David. F Nigh.

FATHER 13. Birthplace Leitersburg. Md

MOTHER 14. Maiden name Mary Beaver

MOTHER 15. Birthplace Leitersburg. Md.

16. Informant Mrs Irwin K. Bloom

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Mar 7. 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Mar 7. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March. 5 1940, at 4 20 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 4. 1940 to March 5 1940, and that I last saw him alive on March 5, 1940

Immediate cause of death	DURATION
Coronary thrombosis	2 3 hours
Due to	
Due to	
Other conditions none	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R B Norment M.D. M. D. or other

Address Hagerstown Md Date signed 3/6/40

Dr Norment

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

03514

Reg. Dist. No. 308

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Sharpsburg (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Main St.

Stay in hospital or insf. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Main St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edith Sarah Palmer

3. (b) Social Security Number none.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William A. Palmer

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August - 15 - 1863

8. AGE: Years	Months	Days	If less than one day
76	6	22	____ hrs. ____ min.

9. Birthplace Keedysville Washington Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Joseph Nally

FATHER 13. Birthplace Keedysville Washington Co. Md.

MOTHER 14. Maiden name Domer

MOTHER 15. Birthplace Keedysville Washington Co. Md.

16. Informant Mrs. Clarence Forsythe

Address Sharpsburg Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 9 1940 (month) (day) (year)

Cemetery or crematory Mason Cemetary

Location Near Tilghmanton Md.

18. Funeral director Wm. D. Bast & Son

Address Boonsboro Md.

19. 3-8-40 (Date rec'd by registrar) C. A. Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 29 1940, to March 4 1940, and that I last saw h[illegible] alive on March 4 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	5 yrs (?)
Due to Senility	
Due to	
Other conditions Grippe	2 weeks.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None.

Of autopsy None.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Walter H. Sheahy M.D. M. D. or other

Address Sharpsburg, Md. Date signed 3/8/40.

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03515

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington County

City or town: Virginia Ave Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Williamsport Md RFD# 1 Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: RFD #1 Williamsport, Md
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Melvin Pearman

3. (b) Social Security Number: 215-07-4242

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: Single

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept 21 1919

8. AGE: Years	Months	Days	If less than one day
21	5	22	____ hrs. ____ min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Dye House Silk Mill

11. Industry or business: Silk Mill

FATHER
12. Name: Edward J Pearman
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Carrie Louisa Borgealt
15. Birthplace: Baltimore Md

16. Informant: Edward J Pearman (father
Address: Williamsport Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16 1940 (month) (day) (year)

Cemetery or crematory: Greenlawn Cemetery

Location: Williamsport, Md

18. Funeral director: Edith V Leaf

Address: Williamsport Md

19. Mar. 15, 1940 (Date rec'd by registrar) Registrar: C. Hoadley Brooks

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1940, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ----- 19____, to ____ 19____,
and that I last saw him alive on ____ 19____.

Immediate cause of death: Fractured skull — DURATION: 3/13/40

Due to: Maxilla(R), Mandible (R)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: No

Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Mar. 13 '40

Where did injury occur? Hagerstown, (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?): 1921 Virginia Av

Means of injury: Automobile acc Injured at work? No

23. SIGNATURE: D. Robert Wells DEPUTY MEDICAL EXAM WASH. CO., MD.

Address: Hagerstown, Md. M. D. or [illegible] Date signed: Mar. 14 '40

RECEIVED
MAR 28 1940
BUREAU F. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03516

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
616 George St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Wash. Co.
City or town Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 616 George St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jersey G. Reeder

3. (b) Social Security Number 214-09-7523

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Hattie M. Reeder
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 28, 1874

8. AGE:

Years	Months	Days	If less than one day
66	1	16	hrs. min.

9. Birthplace Washington County
(Town, county, and state)
10. Usual occupation Woodworker
11. Industry or business

FATHER
12. Name Andrew Reeder
13. Birthplace Washington Co.

MOTHER
14. Maiden name Susan E. Potter
15. Birthplace Washington Co.

16. Informant Mrs. Hattie M. Reeder
Address 616 George St., Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 16, 1940 (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.

19. Mar 16 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1940, at P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to Mar 13 1940, and that I last saw him alive on Mar 11 1940 19

Immediate cause of death	DURATION
Carcinoma	6 mo.
Due to Intestine (Rectum)	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. W. Kraiss M. D. or other
Address Hagerstown Md. Date signed 3/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

03517

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Wash. Co. Home

Stay in hospital or inst. (yrs., or mos., or days) 7 or 8 yrs

Stay in this community (yrs., or mos., or days) 13 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 8 (If outside city or town limits, write RURAL NEAR and give town)

Street No. Wash. Co. Home (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Alice L. Rhodes

3. (b) Social Security Number None

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: David S. Rhodes

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 15 1859

8. AGE: Years 80 | Months 6 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace Near Hancock Wash. Co. Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden name "

15. Birthplace "

18. Informant Harry K. Hutson

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 2 1940 (month) (day) (year)

Cemetery or crematory ~~Needmore~~ Wash. County Cemetery Home

Location ~~Hancock Md.~~ Hag Md.

18. Funeral director Scott F. Minnich & Son

Address Hagerstown Md.

19. Mar 2 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 11.30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1939 to March 1940 and that I last saw her alive on March 1 1940

Immediate cause of death: Chronic Myocarditis — DURATION 2 yrs.

Due to

Due to

Other conditions: General Arteria Sclerosis (Include pregnancy within 3 months of death) — 5 yrs.

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J. H. Beachley M.D. M. D. or other

Address Hagerstown, Md. Date signed March 5 1940

Dr Beachley

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 03518

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 231 Alexander St.

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 54yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 231 Alexander St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mary Elizabeth Ridenour.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Samuel

6(c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.) Oct. 5 - 1864

8. AGE:

Years	Months	Days	If less than one day
75	5	7	____ hrs. ____ min.

9. Birthplace Smithsburg Wash Co Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Samuel Eichelberger.

13. Birthplace Wilsons Md.

MOTHER

14. Maiden name Mary Repp.

15. Birthplace Clay Lick. Pa.

16. Informant Samuel Ridenour.

Address Hagerstown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Mar 14-1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cem.

Location Hagerstown. Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown. Md.

19. Mar. 13, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 12 1940, at 3:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-1-40 19__, to 3-12-40 19__,

and that I last saw h__ alive on __ 19__.

	DURATION
Immediate cause of death: Congestive Heart failure	3 mos.
Due to	
Due to	
Other conditions Chronic Myocarditis	4 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr Earl Young M.D. M. D. or other.

Address Hagerstown Md Date signed 3/13/40

Dr Earl Young.

RECEIVED
APR 7 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03519

1. PLACE OF DEATH (8)

County Washington Co. Registration Dist. No. 301

Village or City Falling Waters Road No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Premature birth Rowland

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX not determined

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Still born

6. DATE OF BIRTH (month, day, and year)

7. AGE Years ✓ Months ✓ Days ✓ If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ✓

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ✓

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Stanley B Rowland

14. BIRTHPLACE (city or town) (State or country) Winsport Md.

MOTHER

15. MAIDEN NAME Mary E. Baker

16. BIRTHPLACE (city or town) (State or country) Sharpsburg Md

17. INFORMANT (Address) Stanley Rowland Winsport, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place At home Date 3-12, 1940

19. UNDERTAKER (Address) Edith V. Leaf Winsport Md.

20. FILED March 12, 1940 Mrs Elsie McElroy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Thos. Boose M. D.

(Address) Winsport, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 4 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Social Security Number: (1) 701-18-6426
(2) 135-16-2219 (Rev.)

03520

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 302

(53) X

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1 PLACE OF DEATH

County Washington Co. WITHIN CORPORATE LIMITS OF

Village or City Hagerstown (No.) Washington Co. Home St. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward D. Schaff

Widower of Security No.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: May 23, 1877 (Month) (Day) (Year)

7 AGE: 62 yrs. 9 mos. 15 ds. | If LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: Engineer
(b) General nature of industry business, or establishment in which employed or (employer): Rail Road

9 BIRTHPLACE (State or country): Maryland

PARENTS

10 NAME OF FATHER: Arnold J. Schaff

11 BIRTHPLACE OF FATHER (State or country): Penna

12 MAIDEN NAME OF MOTHER: Anna G. Michael

13 BIRTHPLACE OF MOTHER (State or Country): Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ray V. Schaff

(Address) 629 Pennsylvania Ave

15 Filed Mar. 9, 1940 Chas. A. Bowers Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 8, 1940 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from November 1940 to March 8, 1940, that I last saw h[illegible] alive on March 8, 1940 and that death occurred on the date stated above, at 4 A m.

The CAUSE OF DEATH * was as follows:

Sarcinoma of Face

(Duration) ... yrs. 8 mos. ... ds.

Contributory Secondary: Secondary Anemia

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. W. Bradley M. D.

March 8 1940 (Address) Hagerstown Md

*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ... yrs. 11 mos. ... ds. In the State 30 yrs. 4 mos. ... ds.

Where was disease contracted, if not at place of death? Not

Former or usual residence: Marion, Pa.

19 PLACE OF BURIAL OR REMOVAL: Brownsmill Pa. DATE OF BURIAL: 3/10, 1940

20 UNDERTAKER: Vernon F. Fisher ADDRESS: Greencastle Pa

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

RECEIVED APR 7 1940

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03521

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 108 E Baltimore St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 108 E. Baltimore
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Maretta Arthur Schoenthal

3. (b) Social Security Number 220-10-3894

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	white	Single.

6 (b) Name of husband or wife none

6(c) If alive, give age none years

7. Birth date of deceased (mo., day, yr.) June 4- 1881.

8. AGE: Years	Months	Days	If less than one day
58	9	17.	hrs. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Watchman

11. Industry or business Hughes Motor Co.

FATHER
12. Name Julius Schoenthal
13. Birthplace Essen Germany.

MOTHER
14. Maiden name Minna Dahl.
15. Birthplace Germany.

16. Informant Sylvester Schoenthal
Address Washington D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 24 1940 (month) (day) (year)
Cemetery or crematory Rest Haven Cem
Location Hagerstown. Md.

18. Funeral director Andrew R. Coffman
Address Hagerstown. Md.

19. Mar. 23 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to Mar 21 1940, and that I last saw him alive on Mar 21 1940.

Immediate cause of death Coronary thrombosis — DURATION 2 wks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. T. Campbell M. D. or other
Address Hagerstown Md Date signed 3/22/40

Dr. Campbell.

RECEIVED
APR 7 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03522

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington Co

City or town: South Mountain
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
near Boonsboro

Stay in hospital or inst. (yrs., or mos., or days): at Home

Stay in this community (yrs., or mos., or days): 84 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Rural Near Boonsboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: South Mountain
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: John Rufus Shoemaker

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: anna Shoemaker

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Oct 17 1855

8. AGE: Years	Months	Days	If less than one day
84	5	6	hrs. min.

9. Birthplace: Boonsboro Md
(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business

FATHER
12. Name: Daniel Shoemaker
13. Birthplace: Boonsboro md

MOTHER
14. Maiden name: Amanda Castle
15. Birthplace: Boonsboro md

16. Informant: Beatrice Moser
Address: Hagerstown md

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year): Mar 26 1940

Cemetery or crematory: Boonsboro Cemetery 3 26 1940

Location: Boonsboro, Md.

18. Funeral director: Gladhill & Co

Address: Middletown md

19. (Date rec'd by registrar) March 24 1940 William J. Bart, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 23 1940, to Mar 23 1940, and that I last saw him alive on March 23 1940.

	DURATION
Immediate cause of death: Coronary Thrombosis	4 hours
Due to:	
Due to:	
Other conditions: Arteriosclerosis	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Hubert Meade M.D.
M. D. or other

Address: Boonsboro Md Date signed 3/24/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03523

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
145 S. Mulberry Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown Ward No. 3
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 145 S. Mulberry St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Missouri M. Show

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Aaron Show
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feby. 28, 1870

8. AGE:

Years	Months	Days	If less than one day
70	0	4	____ hrs. ____ min.

9. Birthplace Williamsport-Washington-Md.
(Town, county, and state)
10. Usual occupation Home Duties
11. Industry or business
FATHER 12. Name Harry Turner
13. Birthplace Washington County, Md.
MOTHER 14. Maiden name Harriet Ridenour
15. Birthplace Washington County, Md.
16. Informant Mrs. Lula Moats,
Address Hagerstown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 6, 1940 (month) (day) (year)
Cemetery or crematory Manor Cemetery
Location Tilghmanton, Md.
18. Funeral director Fred W. Kraiss
Address Hagerstown, Md.
19. Mar 5, 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1940 - 12:30 P. at M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3. 1940 to March 3. 1940 and that I last saw her alive on March 3, 1940.

Immediate cause of death Chronic myocarditis — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE L. A. Dell M. D. or other
Address Hagerstown Md. Date signed 3/4/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-2)

CERTIFICATE OF DEATH

03524

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 109 Church Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Franklin

City or town Waynesboro, Pa. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Unknown- No regular Address

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles David Shrader.

3. (b) Social Security Number None can be found

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna M. Shrader

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1890

8. AGE:

Years	Months	Days	If less than one day
49	6	28	hrs. min.

9. Birthplace Waynesboro-Franklin-Penn. (Town, county, and state)

10. Usual occupation Plasterer

11. Industry or business

FATHER

12. Name Charles A. Shrader

13. Birthplace Waynesboro, Pa.

MOTHER

14. Maiden name Alice Summers

15. Birthplace Quincy, Pa.

16. Informant Walter Y. Grove

Address Waynesboro, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 30, 1940 (month) (day) (year)

Cemetery or crematory Amsterdam Cemetery

Location Near Waynesboro, Pa.

18. Funeral director Walter Y. Grove

Address Waynesboro, Pa.

19. Mar. 29. 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 1:A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ------ 19---, to ---19---, and that I last saw him alive on ---19---.

Immediate cause of death	DURATION
Acute alcoholic narcosis	3/27/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations No

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE D. Robert Wells DEPUTY MEDICAL EXA WASH. CO., MD. M. D. or other

Address Hagerstown, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1040
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

03525

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 335 W. Washington St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 335 W. Washington St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unnamed child of Frank Smith

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1940

8. AGE: Years Stillborn | Months | Days | If less than one day hrs. min.

9. Birthplace Hagerstown- Wash. Md. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Frank Smith

13. Birthplace Washington County, Md.

MOTHER 14. Maiden name Arélulia Fouche

15. Birthplace Hagerstown, Md.

16. Informant Mrs. C. M. Fouche

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 11, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Mar 11, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10, 1940, 19, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 10 1940, to Mar 10 1940, and that I last saw h-- on Mar 10 1940.

Immediate cause of death	DURATION
Due to Still Birth.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Allen Seymour M. D. or other

Address Hagerstown Md Date signed 3/11-40

RECEIVED
APR 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-d) Reg. Dist. No. 3024

CERTIFICATE OF DEATH

03526

1. PLACE OF DEATH:
(a) County WASH.
(b) City or town HANCOCK. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State MD (b) County WASH.
(c) City or town HANCOCK. (If outside city or town limits, write RURAL and give town)
(d) Street No. SOUTH ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** THOMAS HENRY SMITH.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: MALE | 5. Color or race: COLORED | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife MARY SMITH.

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) MAY 24 1869

8. AGE: Years 70 | Months 9 | Days 29 | If less than one day ____ hr. ____ min.

9. Birthplace HANCOCK MD. (Town, county, and state)

10. Usual occupation LABORER.

11. Industry or business GENERAL.

FATHER 12. Name LEVI SMITH.
FATHER 13. Birthplace HANCOCK MD.

MOTHER 14. Maiden Name SUSAN SMITH YONKER
MOTHER 15. Birthplace HANCOCK MD.

16 (a) Informan JAMES R SMITH.
(b) Address HANCOCK MD.

17 (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 3/26 40 (month) (day) (year)
(c) Cemetery or crematory SMITH.
Location ½ M N OF HANCOCK

18 (a) Funeral director T. P. JENKINS
(b) Address HANCOCK MD.

19 (a) 3/26/40 (Date rec'd by registrar) (b) T B Jenkins Registrar

MEDICAL CERTIFICATION

20. Date of death MAR 23 1940, at 1155P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 23 1940, to Mar 23 1940, and that I last saw him alive on Mar 23 40

Immediate cause of death	Duration
Chronic Myocarditis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L McAuliffe M. D. or other
Address Hancock Date signed 3/26 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

CERTIFICATE OF DEATH

03527

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown md #5
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County Washington

City or town Ringgold md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Hoover Snowberger

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Naomi Pryor Snowberger

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7 1858

8. AGE:

Years	Months	Days	If less than one day
81	3	27	hrs. min.

9. Birthplace Ringgold md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Daniel Snowberger

13. Birthplace Roadside Pa

MOTHER 14. Maiden name Anna Hoover

15. Birthplace Ringgold md

16. Informant Mrs Naomi Snowberger

Address Hagerstown md #5

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/7/1940 (month) (day) (year)

Cemetery or crematory Green Hill cemetery

Location Waynesboro Pa

18. Funeral director Walter J Grove

Address Waynesboro Pa

19. Mar 6 1940 (Date rec'd by registrar) Geo. N. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1940, at 11:30 p m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5 1935, to March 3 1940, and that I last saw him alive on March 3 1940.

	DURATION
Immediate cause of death Chronic Nephritis with uremia	2 mo
Due to Hypertrophy of Prostate	5 yrs.
Due to Arterio-Sclerosis	5 yrs.
Due to	
Other conditions Arteris Sclerotic	
Heart disease with hypertension	5 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations Retension of urine from enlarged prostate
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Gordon E. Hanna M.D.
M. D. or other

Address Waynesboro, Pa. Date signed 3-6-40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

03528

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Washington.
City or town Fairview.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Fairview.
Stay in hospital or inst. (yrs., or mos., or days) no.
Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Fairview. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Fairview Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Mrs. Katie Bell Snyder.

3. (b) Social Security Number no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow.

B (b) Name of husband or wife Samuel S. —.
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 8 - 1858

8. AGE: Years	Months	Days	If less than one day
81	5	9.	____ hrs. ____ min.

9. Birthplace Newville Franklin Co. Pa. (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business

FATHER
12. Name William Stitzel.
13. Birthplace Newville Pa.

MOTHER
14. Maiden name Elizabeth D. Shop.
15. Birthplace Newville Pa.

16. Informant George Snyder.
Address Fairview Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 20-1940 (month) (day) (year)
Cemetery or crematory St. Pauls Cem.
Location St Pauls Maryland
18. Funeral director Andrew C. Coffman
Address Hagerstown. Md.

19. March 19 1940 J. W. Murray Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17. 1940, at 6.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 24. 1939, to Mar 17. 1940, and that I last saw her alive on Mar 17. 1940.

Immediate cause of death	DURATION
Myocardial Sclerosis	6 mos.
Due to Chronic Arterio Sclerosis	2 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE David R. Brewer M. D. or other
Address Clear Spring Md. Date signed 3/18/40

Dr Brewer

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

03529

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town near Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Mrs. Showalter
Stay in hospital or inst. (yrs., or mos., or days) 4 mo.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State W. Va. County Jefferson.
City or town near Charlestown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Virginia Swann

3. (b) Social Security Number

4. Sex	5. Color or race	B. (a) Single, married, widowed, or divorced
Female	white	Widow

B (b) Name of husband or wife Hunter F. Swann

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 14 - 1864

8. AGE: Years 75 | Months 5 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Kearneysville, Jefferson Co. W. Va.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business own Home.

FATHER
12. Name Francis Marion Brown
13. Birthplace Kearneysville, W. Va.

MOTHER
14. Maiden name Catherine Rutherford
15. Birthplace Kearneysville W. Va.

16. Informant Mrs. Herman Jaeger.
Address Larchmont, N. Y.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 22-1940 (month) (day) (year)

Cemetery or crematory Edge Hill
Location Charlestown W. Va.

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md

19. Mar. 21, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1940, at 7:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10. 1939 to March 20. 1940, and that I last saw her alive on March 19. 1940.

Immediate cause of death	DURATION
Hypertensive cardio-vascular-renal disease.	3
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE C. M. Suter
M. D. or other
Address Hagerstown Md. Date signed 3/21/40

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83a)

03530

CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH:

County: Washington
City or town: Sharpsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington
City or town: Sharpsburg Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Annie Virginia Taylor

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: William H. Taylor
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Dec. 30. 1849

8. AGE: Years 90 | Months 2 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace: Ringgold- Wash. Md.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER
12. Name: Joseph Hoffman
13. Birthplace: Smithsburg

MOTHER
14. Maiden name: Elizabeth Hoover
15. Birthplace: Smithsburg Md.

16. Informant: Charles W. Taylor
Address: Sharpsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 (month) 16 (day) 1940 (year)
Cemetery or crematory: Lutheran
Location: Bakersville, Md.

18. Funeral director: R. I. Earnshaw
Address: Keedysville, Md.

19. 3/15 1940 (Date rec'd by registrar) Ed. Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 13 1940, at 2P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from On March 13 1940 to ____ 19__, and that I last saw her alive on Mch 13 1940.

Immediate cause of death: Respiratory Paralysis — DURATION: 1 hour.
Due to: Cerebral Hemorrhage probably in Medulla. — 1 hour.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Walter H. Shealy M.D. M. D. or other
Address: Sharpsburg Md Date signed: 3/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1948
AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (92-E) Reg. Dist. No. 03531

CERTIFICATE OF DEATH

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hancock (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 5yrs 8 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hancock (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Minerva Maryland Shook Taylor

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James H. Shook

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1862

8. AGE: Years 77 | Months 3 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Baker
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Not known
15. Birthplace

16 (a) Informant Matty Tawney
(b) Address Main St Hancock Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 30 1940 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Randallstown Md.

18 (a) Funeral director Shipley & Son
(b) Address 3615-17 Lebanon Ave

19 (a) 3/26 40 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death 3-26 1940, at 3:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936, to 3-25 1940, and that I last saw him alive on 3-26 1940.

Immediate cause of death	Duration
Coronary Embolism	4 days
Due to Mitral Stenosis	
Due to Chronic Myocarditis	
Other conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert R. Lotus M.D. (M. D. or other)
Address Hancock Md Date signed 3-26-40

RECEIVED
APR 2 1940
BUREAU V.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23-d)

CERTIFICATE OF DEATH

03532

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County

Stay in hospital or inst. (yrs., or mos., or days): 3 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 106 North ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Catherine S. Thornburg

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife: R. Ellsworth Thornburg

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): July 8 - 1869

8. AGE:

Years	Months	Days	If less than one day
70	7	24	hrs. min.

9. Birthplace: York, York Co, Pa. (town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: William J. Gilberthorpe

13. Birthplace: York Pa.

MOTHER

14. Maiden name: Catherine S. Oswald

15. Birthplace: York Pa.

16. Informant: R. E. Thornburg.

Address: Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 5. 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Suter & Sons.

Address: Hagerstown Md.

19. Mar. 4, 1940 (Date rec'd by registrar) Chas. F. Boerner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/2/40, 19___, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/20 1940, to 3/2 1940, and that I last saw her alive on 3/2 1940.

	DURATION
Immediate cause of death: Influenza	2/20/40
Bronchio Pneumonia	2/26/40
Due to:	
Due to:	
Other conditions: Hypostatic Congestion, arteriosclerosis, Cardio Vascular Disease	10 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Nil

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. E. Thornburg M. D. or other

Address: 120 Mty P. Date signed: 3/4/40

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

03533

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County: Washington

City or town: Near Smithsburg Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: none

Stay in hospital or inst. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): 42 42.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Wash.

City or town: Near Smithsburg Ward No. none

(If outside city or town limits, write RURAL NEAR and give town)

Street No. none R.F.D. 2

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none.

3. (a) FULL NAME: John. M. Unger

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife: Lula. Unger

6(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): 8-11 1874

8. AGE: Years: 65 Months: 7 Days: 8 If less than one day: ___ hrs. ___ min.

9. Birthplace: Near Smithsburg (Town, county, and state)

10. Usual occupation: Carpenter

11. ~~Industry or~~ business: Carpenter

FATHER

12. Name: Wm F. Unger

13. Birthplace: Near Smithsburg Md

MOTHER

14. Maiden name: Elizabeth Waltz

15. Birthplace: Cavetown Md

16. Informant: Lula. Unger

Address: Smithsburg Md

17. (Burial, ~~cremation, or removal. Which?~~) Date thereof: 3 21. 1940 (month) (day) (year)

Cemetery or ~~cremetery~~: Smithsburg

Location: Smithsburg Md

18. Funeral director: Geo. B. Hoover

Address: Smithsburg Md

19. Mar. 20 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 19 1940, at 5.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 16 1940, to Mar 19 1940, and that I last saw him alive on Mar 19 1940.

Immediate cause of death	DURATION
Cerebral Thrombosis	3 days
Due to Arterio Sclerosis	4 yrs
Due to	
Other conditions Chronic Myocarditis	4 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: G. A. Kohler M. D. or other

Address: Smithsburg Date signed: 3/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03534

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
512 Washington Square

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 11 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 1
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 512 Washington Sq.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Grace Estelle Watlington

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Paul B. Watlington

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) November 9, 1889

8. AGE: Years	Months	Days	If less than one day
50	4	18	hrs. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Artz
13. Birthplace Williamsport, Md.

MOTHER
14. Maiden name Emma Jane Stearn
15. Birthplace Philadelphia, Pa.

16. Informant Rev. Paul B. Watlington
Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 29, 1940 (month) (day) (year)

Cemetery or crematory Woodlawn Cemetery

Location Woodlawn, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Mar. 29, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 1940 12:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December — 1938 to Mch 27 — 1940, and that I last saw her alive on Mch 26 — 1940.

	DURATION
Immediate cause of death Toxaemia — Fatal	6 hrs.
Due to Carcinoma of Descending Colon with general	
Due to Metastasis to all abdominal organs.	15 Mos +
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Colostomy in December 1938.

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Harry C. Kraiss M. D.
M. D. or other
Address 121 W. Work St. Hagerstown Date signed 3-27-40

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

CERTIFICATE OF DEATH

03535

Reg. Dist. No. 38 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Cascade
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Cascade Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cascade
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret M. West

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife William West

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13, 1860

8. AGE:

Years	Months	Days	If less than one day
76	6	24	hrs. min.

9. Birthplace Lantz Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Jacob Ott
13. Birthplace Washington C. Md.

MOTHER
14. Maiden name Susan Eyler
15. Birthplace Washington C. Md.

16. Informant Miss Alta West

Address Cascade Md.

17. Burial (Burial, cremation, or removal. Which?) Data thereof 3/10/40 (month) (day) (year)

Cemetery or crematory Bethel

Location Washington C. Md.

18. Funeral director Walter Y. Gunn

Address Waynesboro Pa

19. April 3 1940 (Date rec'd by registrar) Geo. W. Ferguson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-7- 1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-10 1940 to 3-7- 1940 and that I last saw h alive on 3-5- 1940

Immediate cause of death	DURATION
Uremia	
Due to Nephritis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. C. Bridges M. D. or other

Address Blue Ridge Summit Pa.

Date signed

RECEIVED
APR 8 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(948)

CERTIFICATE OF DEATH

03536

Reg. Dist. No. 304

1. PLACE OF DEATH:

County: Washington

City or town: Belle Grove

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 38 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Washington

City or town: Belle Grove Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Margery Wigfield

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	White	Married

6 (b) Name of husband or wife: Asbury Wigfield

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Dec. 31, 1870

8. AGE: Years	Months	Days	If less than one day
69	3	0	—hrs. —min.

9. Birthplace: Buck Valley, Fulton Co., Pa. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER — 12. Name: John W. Potter

FATHER — 13. Birthplace: Fulton Co., Pa.

MOTHER — 14. Maiden name: Christina Schetrompf

MOTHER — 15. Birthplace: Germany

16. Informant: Asbury Wigfield

Address: Hancock, Md. R.1.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 3, 1940 (month) (day) (year)

Cemetery or crematory: Fairview Cemetery

Location: Bedford Co., Pa.

18. Funeral director: Ephraim Smith

Address: Artemas, Pa.

19. 4/1 1940 I. P. Jenkins

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 31, 1940, at 11:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27, 1940, to Mar. 31, 1940, and that I last saw her alive on March 31, 1940.

Immediate cause of death	DURATION
Angina pectoris	1 week
Due to	
Due to	
Other conditions: Chronic bronchitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: /

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: / Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. A. Watson M. D. or other

Address: Little Orleans Md. Date signed Apr. 1, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

03537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 329 Mantelam

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Hagerstown Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 329 Mantelam
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME name not given Wolf

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) never was alive

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace 329 Mantelam Hagerstown Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Robert Francis Wolf
13. Birthplace Wash D.C.

MOTHER
14. Maiden name Catherine J. Rider
15. Birthplace Md. Rider

16. Informant

Address

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory child was cremated

Location

18. Funeral director

Address

19. Mar. 29. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death Stillborn child

Due to Possibly breach presentation

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Wm Allan Brown M. D. or other

Address 16 P N Wash Date signed 3-25-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03538

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Funkstown -
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cor. Chestnut & Antietam Sts.
Stay in hospital or inst. (yrs., or mos., or days) none -
Stay in this community (yrs., or mos., or days) 4 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Funkstown - Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. On Chestnut Nr. Antietam Sts.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR World War.

3. (a) FULL NAME Walter M. Wood

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Eleanor

6(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) July 13 - 1897.

8. AGE: Years 42 | Months 8 | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Charlottesville, Albemarle Va.
(Town, county, and state)

10. Usual occupation Tree Surgeon.

11. Industry or business Own Employ -.

FATHER
12. Name James Wood.
13. Birthplace Charlottesville Va.

MOTHER
14. Maiden name Emma Small
15. Birthplace Gold Hill, N. Car.

16. Informant Mrs Eleanor Wood
Address Funkstown. Md -

17. Removal. (Burial, cremation, or removal. Which?) Date thereof March 25-1940 (month) (day) (year)

Cemetery or crematory River View -
Location Charlottsville Va.

18. Funeral director Andrew W. Coffman
Address Hagerstown Md

19. Mar. 25, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940, at 3:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6, 1940, to Mar. 23, 1940, and that I last saw him alive on March 8, 1940.

Immediate cause of death	DURATION
Coronary artery disease.	2 / 1
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE L. A. Reel M. D. or other
Address Hagerstown Md. Date signed 3/25/40

Dr Reel.

RECEIVED
APR 7 1940
BUREAU V. S.